

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3889HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2009
NAME OF PROVIDER OR SUPPLIER STUDIO ASIA INCORPORATED		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 CHAPARRAL SUMMIT DRIVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 6/22/09.</p> <p>This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was one. One resident file and one employee file were reviewed.</p> <p>The following deficiencies were identified:</p>	H 000		
H 010	<p>Director Duties-Post License</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 1. Post the license to operate the home in a conspicuous place within the home.</p> <p>This Regulation is not met as evidenced by: Based on observation on 6/22/09, the director failed to post the license to operate the home in a conspicuous place within the home.</p>	H 010		
H 018	<p>Director Duties-BLC&DAS Phone Numbers</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall:</p>	H 018		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 018	Continued From page 1 3. Ensure that the residents of the home: (b) Receive: (4) The names of, and the telephone numbers for the registration of complaints with the bureau and the aging services division of the department of human resources. This Regulation is not met as evidenced by: Based on interview and record review on 6/22/09, the director did not ensure that the names and telephone numbers for registration of complaints with the Bureau of Health Care Quality and Compliance and the Division for Aging Services were made available to 1 of 1 residents (Resident #1).	H 018		
H 033	Safety&Sanitation-First Aid Kit NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 2. A home must contain: (c) A first-aid kit; This Regulation is not met as evidenced by: Based on observation and interview on 6/22/09, the facility did not have a first aid kit.	H 033		
H 040	Agreement Concerning Rates NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 1. Enter into a written agreement with each	H 040		

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H 040	Continued From page 2 resident of the home that sets forth the basic rate for the services of the home and the charges for any optional services. This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility did not have a rate agreement that set forth the basic rate for the services of the home and the charges for any optional services for 1 of 1 residents (Resident #1) .	H 040			
H 041	Records of Residents-Maintain file 5 years NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. This Regulation is not met as evidenced by: Based on observation, record review and interview on 6/22/09, the facility failed to retain the file for 5 years after 1 of 2 residents permanently left the home.	H 041			
H 045	Records of Residents-Current Needs Assessment NAC 449.15527 Agreement between operator of home and resident concerning rates;	H 045			

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H 060	Continued From page 4 10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement. This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 1 of 1 residents (Resident #1).	H 060			

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